

Confidential

Page 1

RAPID-19 first follow up

Please use this form to collect data for patients attending their first follow up appointment after being enrolled in the RAPID-19 study.

All fields must be completed prior to submission

Study ID

Participant ID

Symptoms & diagnosis

To the best of your memory, did the child have any illnesses which you suspected were due to COVID BEFORE enrolment?

☐ Yes

☐ No

In regards to that illness BEFORE enrolment, please select whether any of the following features were present

- ☐ No Symptoms
 - ☐ Fever
 - ☐ New cough
 - ☐ New shortness of breath
 - ☐ Sore throat
 - ☐ Runny nose
 - ☐ Myalgia
 - ☐ Arthralgia
 - ☐ Headache
 - ☐ Vomiting
 - ☐ Diarrhoea
 - ☐ Anosmia
 - ☐ Aguesia
 - ☐ Skin rash
 - ☐ Other
- (Please select all that apply)

Please list any other clinical features of COVID infection SINCE enrolment here

Has the child had known or suspected COVID 19 infection SINCE enrolment?

- ☐ Yes - suspected by family, clinician not consulted
- ☐ Yes - suspected by clinician
- ☐ Yes - proven by testing
- ☐ No

Has the child had a diagnosis of PIMS-TS SINCE enrolment?

☐ Yes

☐ No

Confidential

Page 2

Please select whether any of the following features have been present SINCE enrolment

- ☐ No symptoms
 - ☐ Fever
 - ☐ New cough
 - ☐ New shortness of breath
 - ☐ Sore throat
 - ☐ Runny nose
 - ☐ Myalgia
 - ☐ Arthralgia
 - ☐ Headache
 - ☐ Vomiting
 - ☐ Diarrhoea
 - ☐ Anosmia
 - ☐ Aguesia
 - ☐ Skin rash
 - ☐ Other
- (Please select all that apply)

Please list any other clinical features of COVID infection SINCE enrolment here

What was the date of onset of the first illness episode SINCE enrolment?

Approximately how many days did this last?

Did the family consult any healthcare services for this first illness episode?

- ☐ None
 - ☐ 111 consultation or similar
 - ☐ Pharmacist consultation
 - ☐ GP consultation (virtual or face to face)
 - ☐ Hospital consultation
 - ☐ Other
- (Please select all that apply)

What was the nature of this other consultation?

What was the highest care level required for this first illness episode?

- ☐ Managed at home
- ☐ Seen in hospital, no admission required
- ☐ Admitted to hospital inpatient ward
- ☐ Admitted to hospital high care area (HDU or PICU)
- ☐ Other

What was this other care area?

Did the child have any further episodes of illness SINCE enrolment?

- ☐ Yes
- ☐ No

What was the date of onset of the second illness episode SINCE enrolment?

Confidential

Page 3

Approximately how many days did this last?

Did the family consult any healthcare services for this second illness episode?

- ☐ None
☐ 111 consultation or similar
☐ Pharmacist consultation
☐ GP consultation (virtual or face to face)
☐ Hospital consultation
☐ Other
(Please select all that apply)

What was the nature of this other consultation?

What was the highest care level required for this second illness episode?

- ☐ Managed at home
☐ Seen in hospital, no admission required
☐ Admitted to hospital inpatient ward
☐ Admitted to hospital high care area (HDU or PICU)
☐ Other

What was this other care area?

Did the child have any further episodes of illness SINCE enrolment?

- ☐ Yes
☐ No

What was the date of onset of the third illness episode since enrolment?

Approximately how many days did this last?

Did the family consult any healthcare services for this third illness episode?

- ☐ None
☐ 111 consultation or similar
☐ Pharmacist consultation
☐ GP consultation (virtual or face to face)
☐ Hospital consultation
☐ Other
(Please select all that apply)

What was the nature of this other consultation?

What was the highest care level required for this third illness episode?

- ☐ Managed at home
☐ Seen in hospital, no admission required
☐ Admitted to hospital inpatient ward
☐ Admitted to hospital high care area (HDU or PICU)
☐ Other

What was this other care area?

Did the child have any further episodes of illness SINCE enrolment?

- ☐ Yes
☐ No

Confidential

Page 4

What was the date of onset of the fourth illness episode since enrolment?

Approximately how many days did this last?

Did the family consult any healthcare services for this fourth illness episode?

- ☐ None
☐ 111 consultation or similar
☐ Pharmacist consultation
☐ GP consultation (virtual or face to face)
☐ Hospital consultation
☐ Other
(Please select all that apply)

What was the nature of this other consultation?

What was the highest care level required for this fourth illness episode?

- ☐ Managed at home
☐ Seen in hospital, no admission required
☐ Admitted to hospital inpatient ward
☐ Admitted to hospital high care area (HDU or PICU)
☐ Other

What was this other care area?

Social contacts

Did anyone in the child's home have SUSPECTED COVID BEFORE enrolment?

- ☐ Yes
☐ No

Did anyone in the child's home have PROVEN COVID BEFORE enrolment?

- ☐ Yes
☐ No

What was the relationship of the child to this household contact?

Has the child had contact with anyone who had suspected or proven COVID 19 infection SINCE enrolment?

- ☐ Yes
☐ No

What was the nature of this contact?

- ☐ Household family member
☐ Other family member
☐ School/other childcare or education establishment
☐ Other
(Please select all that apply)

You said other - please describe

Confidential

Page 5

Did this household member have suspected COVID, or COVID proven by swab?

- ☐ Clinically suspected
☐ Proven by swab

Did this other family member have suspected COVID, or COVID proven by swab?

- ☐ Clinically suspected
☐ Proven by swab

Did this school/educational establishment contact(s) have suspected COVID, or COVID proven by swab?

- ☐ Clinically suspected
☐ Proven by swab

Did this other contact(s) have suspected COVID, or COVID proven by swab?

- ☐ Clinically suspected
☐ Proven by swab

How strictly has the child been adhering to social distancing?

Not at all Very strictly



(Place a mark on the scale above)

COVID 19 swabbing

Has the child had any swabs taken for suspected COVID infection since enrolment?

- ☐ Yes
☐ No

What was the date of the first swab being taken?

What was the result of the first swab?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not known by family

Did the child have any further swabs taken since enrolment?

- ☐ Yes
☐ No

What was the date of the second swab being taken?

What was the result of the second swab?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not known by family

Did the child have any further swabs taken since enrolment?

- ☐ Yes
☐ No

What was the date of the third swab being taken?

What was the result of the third swab?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not known by family

Did the child have any further swabs taken since enrolment?

- ☐ Yes
☐ No

Confidential

Page 6

What was the date of the fourth swab being taken?

What was the result of the fourth swab?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not known by family

Did the child have any further swabs taken since enrolment?

- ☐ Yes
☐ No

What was the date of the fifth swab being taken?

What was the result of the fifth swab?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not known by family

COVID 19 antibody testing

Has the child had antibody testing done outside of the RAPID 19 study since enrolment?

- ☐ Yes
☐ No

What was the date of the first antibody test?

Was the first antibody test done via the NHS or privately?

- ☐ NHS
☐ Private

What was the result of the first antibody test?

- ☐ Positive
☐ Negative
☐ Not known

Has the child had any further antibody testing done outside of the RAPID 19 study since enrolment?

- ☐ Yes
☐ No

What was the date of the second antibody test?

Was the second antibody test done via the NHS or privately?

- ☐ NHS
☐ Private

What was the result of the second antibody test?

- ☐ Positive
☐ Negative
☐ Not known

Has the child had any further antibody testing done outside of the RAPID 19 study since enrolment?

- ☐ Yes
☐ No

What was the date of the third antibody test?

Was the third antibody test done via the NHS or privately?

- ☐ NHS
☐ Private

Confidential

Page 7

What was the result of the third antibody test?

- ☐ Positive
☐ Negative
☐ Not known

Vaccinations

Has the child received COVID 19 vaccine since enrolment?

- ☐ Yes
☐ No

What was the brand name of this vaccine?

(If given as part of blinded RCT, please note that here)